

from a study of 400 patients seen in our ED between January 1, 2008 and August 1, 2009, in which 2 groups were compared: 286 patients <75 years of age versus 114 patients ≥75 years of age.⁵ Some of the results are shown in Table 1. The data show that over 40% of elderly patients die within 5 years of presenting an episode of pneumonia, compared to 14.3% of individuals <75 years of age (OR: 4.34; (95% CI: 2.64–7.14); $P < .001$). Our results confirm that 5-year mortality in these patients is very significant, although we could not establish if this was an end result of the pneumonia episode. We believe that the psychological, physical and functional impairment caused by pneumonia in the elderly patient,¹ both in the short and long term, together with advanced age and the increased comorbidity burden reflected in the Charlson index, and in particular in the greater proportion of patients with COPD, are factors which contribute jointly to the fact that almost half of elderly patients will die within 5 years.

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The Role of Community Pharmacies in the Treatment of Tuberculosis[☆]



El papel de las farmacias comunitarias en el tratamiento de la tuberculosis

To the Editor:

We read with great interest the editorial on the role of community pharmacies in the control of respiratory diseases.¹ However, while we agree with the interventions outlined in the article, we also believe that the community pharmacy can play an important role in directly observed treatment of tuberculosis (DOT-TB).^{2,3} DOT-TB is a measure that is widely recommended by the World Health Organization for the control of tuberculosis, particularly in populations with a risk of lack of therapeutic compliance. As part of the DOT strategy, TB patients are assigned a treatment observer who watches while they take their medication, thus ensuring adherence to their prescribed regimen. In a move to control tuberculosis, a DOT-TB program was launched by Health Department 9 of the Community of Valencia in 1999, and since then administration of tuberculosis treatment has been directly supervised in community pharmacies.⁴ The geographical distribution of local pharmacies makes it easy for the patient to rapidly establish contact with a healthcare professional to help ensure that they take their treatment. Moreover, excellent communication and cooperation between community pharmacies, social workers and clinicians means that lack of treatment compliance and adverse effects can also be identified. The results of our program, published elsewhere, show greater adherence among patients at risk of poor treatment compliance and drop-out, and we achieved cure rates among our cohorts of over 75%.⁵ DOT-TB teams should be

structured on a multidisciplinary model, with the participation of social workers, clinicians and community pharmacists. Moreover, interventional healthcare programs must be continuously reviewed to detect changes in patient populations; efficacy indicators must be applied, and professionals should be fully informed to ensure their continuing support and engagement in these initiatives.

In our opinion, involving all the available healthcare agents in a particular population area, including pharmacy professionals, reflects a strong commitment to controlling tuberculosis.

Appendix A.

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Francisco Sanz Herrero, en representación del Grupo de trabajo del tratamiento directamente observado de la tuberculosis en oficinas de farmacia del Departamento de Salud 9 de la Comunitat Valenciana[◇]

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[◇] Members of the Working Group who directly observed treatment of tuberculosis in Health Department 9 of the Community of Valencia are given in [Appendix A](#).